

ICF/MR RECORD REVIEW FORM

Name: _____ Facility: _____ DOB: _____ DOA: _____

Guardian: _____ Phone: _____ Date of IPP: _____

Additional Contacts:

Name/Relation Address, Phone	
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Immunizations:

Vac/Age	2 Mos	4 Mos	6 Mos	15 Mos	18 Mos	4-6 Yrs	7-12 Yrs
Diphtheria, Pertussis, Tents (DPT)	DPT - 1	DPT - 2	DPT - 3	DPT - 4	*****	DPT - 5	*****
Oral Polio Vaccine (OPV)	OPV - 1	OPV - 2	*****	OPV - 3	*****	OPV - 4	*****
Measles, Mumps, Rubella (MMR)	*****	*****	*****	MMR - 1	*****	*****	MMR - 2

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

Medical & Nursing:

Diagnosis: _____

Allergies: _____

History/Physical: _____ Dental: _____ Vision: _____ Hearing: _____

Other: _____

Quarterly Pharmacy Reviews: _____

Quarterly Nursing Reviews: _____

IPP Review: In Attendance:

_____ Client	_____ Parent	_____ Guardian	_____ Family Members
_____ QMRP	_____ Social Worker	_____ Day Site Staff	_____ Workshop/Job Coach/Teacher
_____ Home Manager	_____ Direct Care Staff	_____ Nurse	_____ Administrator
_____ SLP	_____ OT/PT	_____ Dietician	_____ Professional Staff

Assistive/Mechanical Supports: Are the items below included in the IPP? _____ Yes _____ No

Dentures: _____ Glasses: _____ Hearing Aids: _____ Wheelchair: _____

Braces:_____ Orthotics:_____ Walker:_____ Cane/Gait Belt:_____

Bedrails:_____ Communication Device:_____ Adaptive Eating Equipment:_____

Restrictive Interventions:

[illegible]

Comprehensive Functional Assessment:

Evaluation	Date	Recommendations
Nursing		
Dietary		
OT		
PT		
Speech		
Social		
Psychological		
Psychiatric		
Vocational		
IEP (from school)		
Neurological		
Labs		
Other		

IPP Objectives:

	Frequency (program run @ 100% as per program)	Technical Adequacy (single behavior, measurable)	Assigned Priority Level	Assigned Target Date	Assigned Responsible Party	Data Reflects Objective	Progress or Regress Monitored	Revisions to IPP
SAM								
Money Mgt.								
Toileting								
Hygiene								
Oral Care								
Eating								
Bathing								
Dressing								
Grooming								
Communication								
Community Outings								
Other Objec- tives:								